

Pilot Project Outcomes

(FY2021 Appropriation Act - Public Act 166 of 2020)

October 29, 2021

Sec. 926. (1) *From the funds appropriated in part 1 for community substance use disorder prevention, education, and treatment, \$500,000.00 is allocated for a specialized substance use disorder detoxification pilot project administered by a 9-1-1 service district in conjunction with a substance use and case management provider and at a hospital in a city with a population between 95,000 and 97,000 according to the most recent federal decennial census within a county with a population of at least 1,500,000 according to the most recent federal decennial census. The hospital must have a wing with at least 10 beds dedicated to stabilizing patients suffering from addiction by providing a specialized trauma therapist as well as a peer support specialist to assist with treatment and counseling.*

(2) *The substance use and case management provider receiving funds under this section shall collect and submit to the department data on the outcomes of the pilot project throughout the duration of the pilot project and shall provide a report on the pilot project's outcomes to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the state budget office.*



Substance Use Disorder Treatment Program

Activity Report for Fiscal Year 2021

PEER COACHING

The Growth Work's Rescue Recovery program, which is the peer recovery coaching component of the agency, has been offered to 1141 clients from October 2020 - September 2021. Potential participants were offered Peer Recovery Coach (PRC) services through St. Mary Mercy Livonia Hospital (SMML), during both routine and emergency visits. A smaller number of clients were engaged in other community settings including referral from treatment courts and public safety departments.

Table 1.	1st	2nd	3rd	4th
Location of Initial Contact	Quarter	Quarter	Quarter	Quarter
St. Mary's Mercy Livonia (See Table 1.2 Below)	217	258	255	267
District Courts & Probation	19	11	15	9
Community	12	9	15	29
Police Departments	3	7	6	9
Federally Qualified Health Center (FQHC)/Medical Doctor (MD)	0	0	0	0
Total	251	285	291	314

Table 1.	FY 21	
Location of Initial Contact		
St. Mary's Mercy Livonia (See Table 1.2 Below)	997	87%
District Courts & Probation	54	5%
Community	65	6%
Police Departments	25	2%
FQHC/MD	0	0%
Total	1141	

Potential participants presented at SMML for substance abuse related conditions including over-dose, health, or other impairment due to chronic addiction, or through client-identified need. The primary target population is opioid using patients. At the point of contact the program is explained and the patient is offered the opportunity to speak directly with a Peer Recovery Coach for further information and the opportunity to engage in some level of peer support. Of the potential participants contacted during the reporting period, 98% agreed to speak or have further contact with a PRC.

Table 2.	1st	2nd	3rd	4th
Response Rate To Offer of PRC Services	Quarter	Quarter	Quarter	Quarter
Requested Peer Support Services	251	285	291	289
Declined Peer Support Services	0	0	0	25
Total	251	285	291	314

Table 2.	FY21	
Response Rate To Offer of PRC Services		
Requested Peer Support Services	1116	98%
Declined Peer Support Services	25	2%
Total	1141	

Rescue Recovery staff respond to emergency requests for PRC by the Emergency Department and other hospital units (response time to the hospital has averaged 60 minutes). Requests are also received for non-emergency cases when the patient has been admitted or is being seen on an outpatient basis. (See Table 1. Above). Due to evolving COVID-19 procedures in the hospital, PRC's had to continually adapt and follow COVID- protocols within St. Mary's Hospital. This has allowed us to provide best client care practices, while also having a focus on overall public health. Throughout the year clients have been met with through telehealth and face to face interactions. As the year has concluded have continued to provide in-person interactions.

Table 3.	1st	2nd	3rd	4th
Emergency vs Non-Emergency Contacts	Quarter	Quarter	Quarter	Quarter
Emergency/Crisis	114	120	110	155
Non-emergency	137	165	181	159
Total	251	285	291	314

Table 3.	FY21	
Emergency vs Non-Emergency Contacts		
Emergency/Crisis	499	43.73%
Non-emergency	642	56.27%
Total: Patients Request to Speak with PRC	1141	

Following the initial contact, and agreement to speak with a PRC, the patient is matched with a PRC who will "case manage" them through their hospitalization as well as detoxification and treatment if appropriate. PRC will conduct a brief interview with the participant and complete an assessment, which is utilized by the PRC for case planning. The PRC will follow-up with regular phone and personal contact to schedule continuing PRC services upon discharge and ongoing recovery planning to address client goals.

As part of the peer support process the PRC provides participants with materials addressing options, next steps, community resources etc. Growth Works works with these individuals to develop a recovery plan that identifies next steps towards their overall recovery goals. The PRC may assist the participant in entering substance abuse treatment or the most appropriate level of care, be that outpatient or in a residential setting. The PRC maintains contact throughout the treatment experience.

Of the 536 participants who had initial engagement with PRC services, during the reporting period, 259 (48%) followed through with some level of continued engagement, such as entering treatment and/or maintaining ongoing PRC contact. (Table 4.)

Table 4. Patient Engagement After Initial Contact	Initial Request for PRC	Receiving Ongoing PRC Service
Fiscal Year Totals	536	259

During the report period the PRCs have had approximately 12,709 contacts with program participants in the last year, including phone, face to face and tele-health meetings, with an average of 3.29 contacts taking place per client per month. Clients have remained engaged average of three months, although some continued in services for much longer.

Table 5. Client Contacts	Active Clients During Month	Contacts	Cumulative Contacts YTD
Fiscal Year Average	322	1059	12709

Table 1.2	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Hospital Contact Detail				
Behavioral Health Unit	43	55	45	40
Chemical Dependency Unit	15	35	29	46
Emergency Department	80	85	97	86
Hospital Intensive Outpatient Program (IOP)	16	23	18	31
Medial Floor	63	60	66	64
Total	217	258	255	267

Table 1.2	FY21	
Hospital Contact Detail		
Behavioral Health Unit	183	18%
Chemical Dependency Unit	125	13%
Emergency Department	348	35%
Hospital IOP	88	9%
Medical Floor	253	25%
Total	997	

The following chart indicates the level of care for clients who initiated PRC service over the last year.

Next Level of Care	FY Count
Peer Services	357
Inpatient	104
IOP	39
Outpatient	47
Growth Works Adult Treatment	16
Chemical Dependency Unit (CDU)/ Behavioral Health Unit (BHU)	15
Medication-Assisted Treatment (MAT)	4
Declined Treatment	2
Sober Living	22
Total	606

HOSPITAL BASED PEER SUPPORT GROUPS

In the last year onsite peer recovery coach led groups at SMML needed to adapt based on COVID protocols within the hospital. As the year progressed and as vaccination numbers increased and COVID numbers decreased within the hospital setting, PRC's returned to the Chemical Dependency Unit in a face-to-face capacity while following necessary COVID protocols. PRC led groups have also resumed in the 4th quarter on the Behavioral Health unit. These groups are attended by patients who have expressed interest in peer support services through SMML and would like to continue to work with a PRC upon discharge. Groups are interactive, and attendees are encouraged to engage and participate in recovery concept-based discussion. Peer coaches use self-disclosure, recounting their own story of addiction and recovery to encourage the participants to begin to disclose and engage with the PRC. Additionally, Peer Recovery Coaches continued to participate in outpatient treatment groups in St. Mary's IOP Substance Use Disorder (SUD) treatment programing remotely. #